

**DRAFT**

**VISION: Work together to create a stronger, healthier and more resilient Arizona**

## A resilient Arizona looks like:



## GOAL 1: Strengthen Public Health Capacity & Infrastructure

*Define infrastructure and define what resources and services are considered public health*

Strategy: Conduct assessment of Arizona's public health capacity on a state and local level, including impacts and lessons learned from the COVID-19 pandemic

- Gather community input through:
  - community surveys, particularly in underserved areas, to see what specifically is needed to support or improve health
  - focus groups to better understand needs, concerns, ideas, and messaging related to public health issues
  - one-on-one interviews with community health leaders
- Survey particular segments of the healthcare workforce (i.e. doctors, nurses, social workers) about healthcare system enhancements that would have supported improved community health during COVID-19 pandemic. | [ASU](#)
- Define and quantify the public health workforce. Complete market analysis to ensure public health workforce positions are fair and equitable. | [ASU](#)

- Review response times during the pandemic for testing, vaccines, outreach, and communications and how availability of data informed decision-making to include capacity of public health to augment the healthcare delivery system to support equitable access to services.
  - Utilize existing assessments or surveys related to public health capacity and impacts of the pandemic.
  - Assess funding sources for public health and sustainability of funding. | [ADHS](#)
  - Review and assess *state and local health department* capabilities for each of the CDC preparedness capabilities with a diverse stakeholder group. | [ADHS](#)
  - Build a plan for sustainable, adaptable infrastructure based on assessment results. | [ASU](#)
- Improve the public health workforce
    - Establish, expand, train, and sustain the public health workforce to support jurisdictional COVID-19 prevention, outbreak preparedness, response, and recovery initiatives. | [ADHS](#)
      - Establish time-limited positions (FTE or contracted) to sustain ongoing COVID-19 and outbreak response capabilities and recovery initiatives.
      - Augment the Arizona public health workforce pipeline (i.e. education to the workplace) to improve the ability to sustain COVID-19 recovery initiatives and prepare for future responses.
        - Create transition to practice workforce development programs, enhance internship opportunities
        - Work with community colleges to develop 4-year public health degree
        - Enhance recruitment strategies
          - Develop recruitment and incentive programs to attract new graduates to work in public health agencies, particularly in rural counties
          - Develop common workforce and job descriptions for positions around the state in public health
          - Outreach to students/others to enter the field, using current industry folks to help recruit. Incentivize to increase the workforce in health
      - Support the professional development, resilience, and wellness of the existing public health workforce to sustain COVID-19 initiatives, including recovery, and prepare for future emerging responses.
        - Build knowledge and skills of existing staff (i.e. cross-training) to fill emerging workforce needs and enhance opportunities for advancement
        - Leverage/share resources, knowledge, and personnel between stakeholder institutions (public and private)
        - Establish or formalize core teams in the analysis of epidemiological data
        - Promote a wellness focus to support the resilience of the public health workforce
    - Improve quality & availability of public health education

- Develop list and roster of relevant degree programs including MPH, clinical, information systems, laboratory, and other relevant programs.
  - Provide population health training, not just public health training
  - Sponsor a statewide public health conference and invite students (at all levels) to present projects to the public health community in the state.
  - Build on the three public universities' capacity to reach a broader community through on-line education.
- Improve data surveillance and informatics
  - Conduct a network analysis to address gaps identified during the pandemic by public health partners at the state, local (county and tribe), and community level. | [ADHS](#)
  - Integrate, streamline, and enhance public health data sources, including partnerships with the health information exchange, by using tools such as Master Patient Index and electronic data sharing opportunities such as ELR (electronic laboratory reporting) and eCR (electronic case reporting). | [ADHS](#)
    - Improve data automation to streamline reporting and data sharing
    - Bolster data sharing capabilities through updated data use agreements and data governance
  - Increase the speed and access to geocoded data to be able to do geospatial analysis including socioeconomic factors and SVI (social vulnerability index). | [ADHS](#)
  - Improve the collection of race, ethnicity, and other important health disparity variables. | [ADHS](#)
  - Ensure that all data visualizations are created with a health equity lens. | [ADHS](#)
  - Ensure access to training to assist all levels of the public health system and communities in data processing, quality, technical handling, analysis, interpretation, and literacy. | [ADHS](#), [Pima County HD](#), [ASU](#)
- Improve collaborative communication strategies to effectively inform the public and partner organizations
  - Identify trusted sources in the community to help relay public health information and promote collaboration.
  - Create a statewide communication plan that is adopted at the local level to create consistent messages.
    - Include people who have had COVID and went through the public healthcare system
  - Continued investment in data-dashboards (in addition to plain-language) to communicate real-time events to broad stakeholder communities. Present data in a meaningful way so it does not need to be interpreted by others. | [ASU](#)
  - Conduct polling to have a baseline understanding of how communities view public health. | [ASU](#)
  - Provide better outreach to smaller communities that may not have as much access otherwise, working with a set of community leaders. | [ASU](#)
  - Utilize shared sites (information commons). | [ASU](#)
  - Ensure ample opportunities to interact (in person) and build 1-1 relationships with members within partner organizations through meetings, workshops, events, etc. | [ASU](#)

- Support evidence-based public health policies and practices
  - Foster partnerships that broadly represent the community including healthcare groups, universities, communities, education, etc. to work with public health agencies on establishing and documenting evidence-based policy and practice, especially diversity and inclusion from our communities.
  - Develop a repository for evidence-based practices that public health community health partners, and others can tap into, to include best and promising practices. | ASU
  - Evaluate public health capabilities and regulations in other states.
    - Develop a strong interstate network of data sharing
    - Identify "sister" cities for public health surveillance, response, action
    - Conduct regional hotwashes

## **GOAL 2: Rebuild a Stronger System to Support Health**

- Conduct assessment of supporting health systems in Arizona at a state and local level, including impacts and lessons learned from the COVID-19 pandemic
  - Conduct interviews with health systems leaders and front line staff.
  - Utilize existing databases and analysis, such as from Maricopa Association of Governments and the Morrison Institute.
  - Consider issues such as supply chain, energy, internet/broadband access in addition to direct health issues. | ASU
- Build new and strengthen existing partnerships to improve health together
  - Formalize multi-sector partnerships established during the response
  - Build awareness of partners' roles in improving health together
  - Develop multi-sector regional collaboratives
  - Identify and engage diverse coalitions for wellbeing that already exist across the state and region
  - Create funding opportunities for partnerships/collaborations
  - Leverage creative sector assets and resources in support of community engagement and health improvement goals
  - Work to prevent a potential "re-siloing" of health care as something separate from public health, envisioning a broader understanding of public health and wellness
  - Engage faith-based organizations into collaborative health improvement methods and activities
  - Exchange best practices
    - Utilizing lessons learned and best practices, identify areas where a unified response would be helpful to support all local health departments (data, messaging, testing, etc.)
    - Develop sister city programs to assist in development of advanced public health institutions through continued team building and exchange of knowledge and expertise
  - Establish a public/private coalition to identify resources and/or existing programs each partner has and collaboratively leverage how to best to utilize them in more targeted ways
  - Create an inter-departmental coalition of state agencies (whole-of-government approach) to promote health in all policies by

working together to develop and monitor shared metrics and initiatives. | ADHS

- Build a centralized and sustained infrastructure for the business operations of new coalition and collaborative work.
- Coordinate with eastern and western medical clinicians for a holistic approach in building partnerships across all entries people make into healthcare.
- Enhance access to behavioral health providers
  - Incentivize education and employment opportunities to recruit and retain providers in AZ.
  - Enhance public awareness and education to destigmatize seeking behavioral health treatment.
  - Enhance the trauma sensitive training for schools (students, teachers, staff and parents) to incorporate social and emotional support. | AZ ACEs Consortium
  - Enhance the infrastructure, including funding, and approaches to telehealth for behavioral health services.
  - Strengthen the flow of service from the initial point of contact through aftercare (e.g., first responder through housing).
  - Clearly state options for behavioral health services in health plans.
- Strengthen hospital systems surge, preparedness and flexibility (including health care worker health and wellness, travel surge, etc)
  - Enhance workforce development related to compassion fatigue, vicarious trauma, and cumulative career stress.
  - Identify surge “pain points” and needs per providers and health systems leaders.
  - Develop better mechanisms for sharing of staff across organizations throughout the state to address surges.
  - Build on existing surge line. | ADHS
- Enhance social services and safety net programs (211, domestic violence shelters, navigators, WIC, housing assistance, foodbanks, etc)
  - Create a pipeline of well-trained students to enter these fields as professionals.
  - Improve state agency coordination between programs
  - Enhance funding to support programs
  - Assist social service organizations in being able to bill insurers for social determinants of health to help act as a referred provider for primary care and other health institutions.
- Develop a statewide navigation system to navigate people to the right health and social services at the right time
  - Develop a system and infrastructure for personalized, neighborhood-specific navigation services to assist Arizonans with efficiently accessing appropriate information, support, resources, and enrollment into programs. | ADHS
  - Establish personalized resource matching and navigation support with multiple entry points.
  - Institute no wrong door model.
  - Leverage existing local systems to build a statewide service connection. | DES/AHCCCS/ADHS
    - Look to creative access points (i.e. librarians, first responders, community centers)



- Leverage certified navigators that help individuals understand and enroll in health insurance coverage
  - Coordinate with key state and local partners to identify data sharing and system support to remove barriers to accessing services. | ASU
  - Enhance connections between healthcare providers and social service organizations to increase focus on social determinants of health; build on AHCCCS Closed Loop Referral System. | AHCCCS
  - Partner with retail clinics such as Walmart, CVS, etc. to include resource centers/system navigators
  - Provide education and outreach on existing resources, including utilizing the 211 system. | ASU
  - Invest in strengthening care coordination and client advocacy programs.
- Enhanced access to general healthcare providers throughout Arizona to provide support for improved health and wellness
  - Expand the school nurse and school health workforce
    - Use COVID-19 workforce development funds to support expansion of school nurse and school health workforce
    - Cover primary care services at schools through AHCCCS
  - Expand use of traditional healers, community health workers/community health representatives, direct care workers and others that reach underserved communities and reflect the diversity of the communities in which they serve
    - Utilize community health workers to engage difficult patients
    - Encouraging community health workers to become certified through ADHS
    - *See the [AzHIP Rural Health/Urban Underserved Priority Action Plan](#) for more actions related to community health workers*
  - Strengthen primary care throughout Arizona (programs, residencies, etc.)
    - Support the professional fulfillment of clinicians in the primary care network using an evidence-based model (such as the Stanford model)
    - Continue support for economic survival of existing network of primary care practitioners
  - Enhance access to telehealth
    - Address broadband issues in rural Arizona
    - Work with vulnerable communities to increase connectivity, access and literacy for those who do not have it
    - Add software tools to gather data, visuals, and sound to easily measure vitals
    - Disseminate information on best practice recommendations (due June 30, 2022) from the Telehealth Advisory Committee
    - *See the [AzHIP Rural Health/Urban Underserved Priority Action Plan](#) for more actions related to telehealth*
  - Upskill the health workforce. | ASU
    - Offer “non-degree” continuing education and certifications for various members of the health workforce
- Harness innovation and technology
  - Focus research on long term effects of COVID.
  - Address the digital/technical divide among families and communities. | ASU
  - Maintain or learn from innovations created during the pandemic response (e.g. Arizona Surge Line, Isolate Alternate Care Sites, telehealth, personal protective equipment, Arizona State Immunization Information System, local innovations).
  - Support next generation infectious disease testing capabilities and sharing of

metadata to improve disease understanding and drive public health interventions. | ASU

### **GOAL 3: Advance Health Equity**

See [AzHIP Health Equity Priority Action Plan](#) for more actions on advancing health equity

- Conduct assessment of health equity practices, protocols and culture.
- Measure and report impact of age, gender, race/ethnicity, ACEs, SDOH on health outcomes as recommended by the Health Equity Data & Usability Advisory Committee. | ADHS
- Build and expand an inclusive, diverse workforce, including hiring people from the community (e.g. community health workers and other trusted community members) who are equipped to assess and address the needs of communities disproportionately impacted by the pandemic.
  - Complete rules and begin voluntary certification of Community Health Workers in 2021. | ADHS
  - Improve workforce diversity in public health, including leadership roles.
    - Develop a public health leadership program and internship program for individuals from underserved, marginalized, and invisible populations to build capacity from within.
    - Engage with students at earlier grade levels regarding their pathway options.
    - Develop a public health corp, similar to the conservation corp, where people can get a sense of what working in public health entails, while offering an opportunity or public service. Enhance promotion of existing public health training programs including federal programs and expansions of Americorps for public health departments.
    - Develop workforce training programs to increase the amount of community health workers and promotores from communities to help improve social determinants of health; develop model that allows for career advancement.
    - Work with FQHCs, rural hospitals, and community health centers to develop stackable credentials and badges to upskill community health workers and train community members.
    - Work directly with the DES employer engagement personnel/AZ@Work, as well as workforce boards and DES/State Vocational Rehabilitation Program to augment public and community health job opportunities and awareness of these opportunities.
  - Build a strong foundation of knowledge and experience in the current workforce
- Champion policies and practices to address the social determinants of health (food access, transportation, housing, education, jobs, worksite wellness, built environment, environmental health issues, etc.)
  - Conduct community participatory mapping projects to assess, from the perspectives of community members, assets and resources that already exist.
  - Conduct network analysis in our communities to identify where we have gaps and duplication of services.
  - See the [AzHIP Health in All Policies/Social Determinants of Health Priority](#)

[Action Plan](#) for more actions related to housing

- Establish, enhance, or implement health equity offices, workgroups, task forces, coalitions, and plans to address COVID-19 related and other health disparities
  - Create health equity learning collaboratives. | ADHS
  - Conduct organizational health equity assessments and create plans for improvement that are action-oriented. | ADHS
  - Create sustainable mechanisms that are flexible enough to pivot as needed to address different health challenges (immediate and long-term).
  - Gain governance group endorsement and support for health equity infrastructure. | Pima County HD
  - Establish a statewide Emerging Therapeutics group to address equity in distribution and access as new COVID-19 treatments/drugs become available during the response. | ADHS
- Build community capacity to reach and serve disproportionately affected populations with effective culturally and linguistically tailored programs and practices
  - Develop and disseminate culturally and linguistically responsive prevention communications through various channels that are written in plain language and in formats and languages suitable for diverse audiences- including people with disabilities, limited English proficiency, etc.
  - Increase community engagement at the ground level. | Pima County HD
  - Develop education and workforce training programs with communities (e.g., public health training based on indigenous knowledge) to create capacity and systems that work for diverse populations versus a one-size-fits-all approach
    - Create train-the-trainer programs with an eye towards sustainability and community capacity-building
    - Grow and build talent and resources within communities. Incentivize education programs, use a CHR staffing model, allow experience and expertise to be equivalent or more valued than degrees and certifications
- Support community driven solutions that advance health equity
  - Create regular opportunities for community engagement (town halls, listening sessions, etc.)
    - Establish community advisory boards
    - Consider engaging youth in this work
  - Be intentional in funding non-traditional groups that can impact health in communities. | ADHS
    - Facilitate easier access for community-based organizations serving communities of color and underserved communities to apply for grants and try out of the box approaches
  - Improve efforts to recruit and include local advocacy groups in the collaborative processes to develop programs and integrate in the outreach efforts conducted by public health.
  - Work with communities to have in-group members and community leaders identify health challenges and leverage cross-sector resources to co-create solutions
- Ensure services and websites are person-centered, user-driven, and trauma-informed
  - Consider strategies to make Arizona services and online resources more accessible to all individuals, taking into account age and unique needs of individuals with disabilities. | AZ4A



- Ensure people without internet access have access to a phone number to call to seek resources
  - Work with Aging and Disability Resource Centers (ADRCs) to help facilitate online/phone connections
- Develop a plan to address infrastructure, system navigation, and coordination challenges of population and communities with disabilities
- Expand digital literacy programming on a grassroots level
- Leverage a geospatial approach (where people live, neighborhoods, zip codes) to understand disparities and optimize location and access of services
- Ensure diversity and inclusion best practices are used when developing tools/websites
- Ensure multiple languages are available
- Utilize advisory councils made up of community groups to periodically review the services and websites to see how they can be improved

## **GOAL 4: Enhance Resilience in Arizona Communities**

- Conduct assessment of resilience in individuals and communities, including impacts and lessons learned from the COVID-19 pandemic (use SHA as baseline).
  - Gather data to understand what community means to people now. | ASU
- Expand approaches to improving mental health and addressing trauma.
  - See [AzHIP Mental Well-being Priority Action Plan](#) for more actions to improve mental well-being.
  - Expand mental health first aid and youth mental health first aid.
  - Expand social emotional learning opportunities for students.
  - Enhance training for school staff on mental health. | ASU
  - Work with K-12 education system to develop curriculum for students to be grounded in these concepts early on the 4th "R" Reading, Writing, Arithmetic, Resiliency. | ASU
  - Enact strategies to decrease stigma related to mental health.
    - Engage community in building those messages.
  - Develop and Implement strategies to address unresolved grief and trauma as a result of the impacts of the pandemic.
    - Create options to engage in activities that support healing (i.e. community activities, support groups, faith-based, outdoor activities, communities of practice, etc.).
  - Strengthen statewide approach to addressing Adverse Childhood Experiences (ACEs). | ACEs Consortium, ASU
  - Engage peer support and mentoring models.
  - Train professionals and Community Health Workers who work directly with community members to increase health literacy regarding mental health and resilience. | ASU
  - Create communities of practice on mental well-being and resilience. | ASU
  - Utilize community coalitions to engage community stakeholders and get messages out. | ASU
  - Normalize the conversation about mental and emotional health.
  - Promote socialization, connectedness among people (build on ADHS social connectedness/[Start a Conversation campaign](#)). | ADHS

- Increase sense of community throughout Arizona
  - Organize community service activities/projects. | ASU
  - Work with community non-profits, community-based fraternities and sororities. | ASU
  - Develop or expand intergenerational programs.
    - Promote intergenerational relationships like home sharing or volunteerism programs that help older adults remain in their own homes and communities while leveraging the resources, skills, and value of younger people.
  - Mobilize social media as a vehicle to promote shared community experiences and feature stories and programs of community members helping each other out.
  
- Identify meaningful ways for people to take an active role in their health (including seeking resources) and contribute to the health of their communities
  - Implement a Public Health Champions Training Program to engage community members on health promotion and prevention. | ASU
  - Promote and provide CPR/First Aid training, including naloxone training, especially in rural areas.
  - Work with businesses to set up opportunities for employees to engage in health activities.
  - Increase education for youth on health and independent living skills and increase opportunities for youth to be active. | ASU
  - Capitalize on existing community events for community education and engagement. | ASU
  - Provide education on best practices for wellness and resiliency--on bio/psycho/spiritual wellness.
  
- Mobilize communities to develop and implement health improvements
  - Local health departments and local communities-based partners mobilize communities to improve health.
  - Strengthen cross-sector collaborations; look at collective impact model; and have a central organization to facilitate collaboration at state and local levels. | ASU
  - Utilize community spaces (parks, libraries, arts, etc.) to focus on health activities. | ASU
  
- Enhance financial stability among individuals and families
  - See the [AzHIP Health in All Policies/Social Determinants of Health Priority Action Plan](#) for more actions related to enhancing financial stability
  - Maintain AHCCCS eligibility in order to support health and decrease the burden of health costs on individuals and families. | AHCCCS
  - Coordinate with workforce development agencies to connect people to medical insurance
  - Improve collaboration with Community Action Agencies
  
- Increase resources, training, and support for family caregivers
  - Expand evidence or promising practice-based programming to help family caregivers manage SDOH and stress related concerns. | AZ4A

- Expand the knowledge and options for respite care. | AZ4A
- Support and promote Area Agencies on Aging in their existing Older Americans Act Family Caregiver Supportive Services Programming. | AZ4A
- Utilize houses of worship and community centers as optimal locations for training and engagement.
- Increase primary care visits by family caregiver, in order to identify and address health, social and mental concerns
- Identify gaps in services and needs for family caregivers, and develop plans to address the gaps in services and needs.
- Connecting family caregivers to services through a coordinated navigation system, supporting the “No Wrong Door” model.
- Tap into the power and contributions of youth
  - Use creative youth development strategies to position young people as leaders in improving their communities’ health and wellness. | ASU
  - Utilize existing youth coalitions/groups to inform actions. | ASU
  - Provide connection to Joint Technical Education District (JTED) or other career technical education programs to involve people in health care roles in their future.
- Magnify efforts to prevent disease and injuries and promote healthy, active lifestyles
  - Address increased tobacco and substance use.
  - Promote preventive health checks, well visits, childhood and adult immunizations, cancer screenings, and preventive dental care.
  - Promote physical activity and active lifestyles, including outdoor activities. | ASU
  - Enhance nutrition services, education and trauma-informed approaches to food behaviors. | ASU
  - Strengthen prevention programs for behavioral health. | ASU
  - Promote evidence-based chronic disease and falls prevention programs for older adults (e.g. Enhance Fitness, A Matter of Balance, Chronic Disease Self-Management Programs). | AZ4A

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